

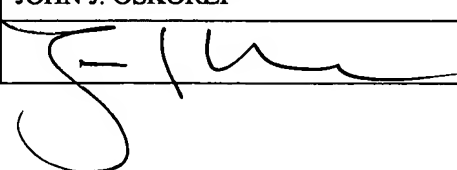
121203
16523 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

031088 U.S. PTO
10/735112

121203

Attorney Docket No.		HSJ9-2003-0144US1		(0107-0043)	
First Inventor or Application Identifier:		Allen			
Title:		IMPROVED DAMASCENE METHOD FOR FORMING WRITE COILS OF MAGNETIC HEADS			
Express Mail Label No.:		EV 300425564 US			
Application Elements (See MPEP chapter 600 concerning utility patent application contents)			ADDRESS TO: MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)					
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>16</u>] (preferred arrangement set forth below)					
<ul style="list-style-type: none">• Descriptive title of the Invention• Cross References to Related Applications• Statement Regarding Fed sponsored R&D• Background of the Invention• Brief Summary of the Invention• Brief Description of the Drawings (if filed)• Detailed Description• Claim(s)• Abstract of the Disclosure					
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>7</u>]					
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]					
<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
6. <input type="checkbox"/> Microfiche Computer Program (Appendix)					
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement Verifying identity					
ACCOMPANYING APPLICATION PARTS					
8. <input checked="" type="checkbox"/> Assignment					
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)					
10. <input type="checkbox"/> English Translation Document (if applicable)					
11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations					
12. <input type="checkbox"/> Preliminary Amendment					
13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) (Should be specifically itemized)					
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired					
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)					
16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input type="checkbox"/> Check # <input type="text"/> (\$ <input type="text"/>)					
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: Prior application information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/>					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number (<input type="text"/>) Or Bar Code Label					
OR					
<input checked="" type="checkbox"/> Correspondence Address Below					
NAME		ATTN: John J. Oskorep			
ADDRESS		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611			
Telephone: 312-222-1860		Fax No.: 312-214-6303			
Name (print/type)		JOHN J. OSKOREP		Registration No.: (Attorney/Agent)	
Signature				Date	
				12 Dec 2003	

FEE TRANSMITTAL

Attorney Docket No.	HSJ9-2003-0144US1
First Named Inventor:	Allen
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

TOTAL AMOUNT OF PAYMENT:	\$ 806.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 770.00
Total Claims	22 - 20 =	2	X \$ 18.00	X \$ 9.00	\$ 36.00
Independent Claims	2 - 3 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)		0	\$ 290.00	\$145.00	\$ 0.00
Total of above Calculations =					\$ 806.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 0.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$ 0.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 0.00

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	12 Dec 2003

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DATE OF DEPOSIT: 12 Dec 2003

**I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST
OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE
INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER
FOR PATENTS, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.**

John J. Oskorep

NAME



SIGNATURE